

## THE RETURN OF ODYSSEUS

### THE PROBLEM OF MARITAL INFIDELITY FOR THE REPATRIATE

BY

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The returning soldier from a prisoner-of-war camp or from an oversea theatre of war may have many difficulties to solve, and often the greatest of these is the problem of marital infidelity. Most repatriates are able to adjust satisfactorily, but some require help.

It will be remembered that Homer described very accurately the hopes and fears of a soldier, Odysseus, who was both a prisoner of war and a repatriate. The epic poems telling his story are symbolically true and eternally applicable. Odysseus (Ulysses) when he was abroad on his campaigns had doubts of his wife's fidelity and visualized her surrounded by many suitors. His fears were counteracted by his wish that she would defer continually her yielding to their persistence. This she contrived by the trick of promising her favour when her tapestry reached completion; but each night she undid the work of the day. On his return to his own country he was in doubt whether he would be accepted and acceptable, and so he made himself known to devoted servants of whose loyalty there was no question. In order to observe without declaring his identity he dressed himself in the garments of a peasant, and when he was sure of his ground assumed his proper raiment and wooed and won his wife again.

The moral to be drawn from this is that the returning soldier may be full of fears and hopes and that his main concern is to be both loved and lovable.

#### The Problem of Marital Infidelity

Of 100 repatriates from prisoner-of-war camps in Germany and Italy treated in a psychiatric unit at home 24 had as the main precipitating factor in their neurosis marital disharmony. Their symptoms were those usually found in reactive anxiety states: depression, sleeplessness, irritability, restlessness, somatic disturbances of various kinds, outbursts of aggressiveness, attacks of weeping, and a feeling of inadequacy and inferiority alternating with a paranoid attitude towards their wives. This latter attitude in many instances began during their imprisonment, often as a result of infrequency of letters and sometimes following the receipt of news by a fellow prisoner that his wife was seeking a divorce. The communal gloom that occurred in a camp when such a letter was received was graphically described by one intelligent and observant patient. The opposite feeling is well pictured by P. H. Newman (1944) in his article on the prisoner-of-war mentality. This writer describes a lecture delivered by a recently captured R.A.F. officer who, after giving a picture of wartime life in England, added: "And, boys, the girls still love you." He adds that this comment evoked an immediate and marked response in the audience, in contrast to their apathy during the lecture.

I have recently seen an officer patient who had to deal with many welfare problems arising from marital infidelity, and this work had such an effect on him that he began to construe the most innocent remarks in his wife's letters as evidence of the diversion of her affection elsewhere.

*Aetiological Factors in Marital Disharmony.*—These were elicited by interviewing the wives of most of the patients in addition to making a detailed psychiatric investigation of the repatriate.

#### The Problem of Penelope

It seems to me that war and its attendant destructiveness are fundamentally foreign to the creative aspect of a woman's personality. Not only may it remove the presence and support of the husband, but at the same time she is exposed to unusual dangers, difficulties, and responsibilities. The long absence of her husband may in time cause her to accept the offer of sympathy, understanding, and support readily given in many instances by a soldier or civilian who has a complementary need to care for and protect. This may be the innocent

beginning of a situation which ends in infidelity. Some wives had been evacuated from danger to new environments in safe areas, with the new danger of boredom, while others remained at home in an atmosphere of heightened emotional tension during enemy activity. New ties were formed in an atmosphere either of common danger or of boredom. The repatriate cannot enter into this new way of life, even in retrospect; nor can the wife fully appreciate the nature of prison-camp life. Few repatriates realize the many difficulties their wives have had as a result of wartime restrictions. In addition there is the need for male control and guidance in homes where there are children. The total management of the home causes to devolve on the woman many tasks formerly undertaken by the husband. The advent of a helpful male friend may initiate a train of events perhaps ending in marital infidelity, which may be excused by the common belief held by many women that, anyway, men are unfaithful. It need hardly be said that the sudden cessation of regular sex life for a woman with no adequate sublimatory channels may lead to difficulties. A further obvious factor is that the husband may have always been inadequate from the physical and other points of view, and a more satisfying partner may appear during his absence. Homosexual regression in some cases is a factor that may be found in either wife or husband. What is most difficult for the husband to understand is that the physical infidelity of his wife may not constitute a supplanting of him in her affection.

#### The Problem of Ulysses

Many prisoners of war fear that their experiences may have caused both physical and mental deterioration. They have fears of loss of potency, and these fears may indeed bring it about. Impotence may also occur as a result of the guilt engendered by the fusion of sexuality with aggressiveness. There may be feelings of guilt, inadequacy, and inferiority due to homosexual regression and as a reaction to capture. In the camp the prisoner has highly coloured fantasies of his return home and of his reception. All these factors are difficult for the wife to understand, as is the whole picture of his life in camp. The dream of beginning all over again and securing a home is often rudely shattered by the many difficulties besetting the path of young married couples to-day. The sense of inadequacy is increased by these frustrations. Guilt over capture leads to a feeling that, being no longer a fighting soldier and therefore an unheroic figure in his own eyes, he may be less lovable in the eyes of his wife and family. In parenthesis it may be said that the problem of explaining the capture of the father to children whose games are all of battle must be a very difficult one for the wife. In the neurotic repatriate, paranoid feelings towards all and sundry are often quite strong. He may feel that his capture is due to bad leadership in the field and at home, and that he is the innocent victim of this. His attitude towards his wife is coloured by these feelings, and often also by poison-pen letters, and he is less willing to understand any wartime friendship. On his return he adopts the attitude of Othello, and disharmony quickly follows. His neurotic dependency may have been increased by his experiences, and he is unable on his return to give to his wife the care and support which she rightly expects. Lack of confidence in ability to regain previous skill at work further diminishes their feeling of adequacy as husbands and bread-winners.

#### Treatment

It must be said at the outset that separation and divorce should be the last solution, especially where there are children. The patient's neurosis is treated on ordinary lines until he is in a fit state mentally to face the problem of his marital unhappiness. In most cases I sent for the wives and interviewed them. In only a few did I discover that the wife no longer wished to live with her husband. These marriages were based on very inadequate foundations, and generally after a brief acquaintance. In most of these cases there were no children, and reconciliation was impossible. In the majority, however, the wives wished to start again, and were convinced that they wanted only their husbands. This knowledge was the most effective weapon in treatment, and once the patient was convinced of its truth reconciliation was possible. After the wife had been interviewed the patient was brought in and every

aspect of the problem discussed fully and frankly by all three of us. The tendency on the part of the husband to use the past as a weapon in any later disagreement should be pointed out. Any physical marital difficulties must be rectified.

### Summary

Out of 100 repatriates in a psychiatric unit at home 24 had a neurosis largely precipitated by marital infidelity.

The factors leading to this are discussed from the woman's point of view.

The attitude of mind of the repatriate is described.

Treatment must include an adequate interview with the wife and a conference between the married couple and the psychiatrist.

### REFERENCE

Newman, P. H. (1944). *British Medical Journal*, 1, 8.

## CONFERENCE ON PUBLIC HEALTH

The County Borough Group of the Society of Medical Officers of Health held its annual meeting from July 13 to 15 at Wadham College, Oxford, under the presidency of Dr. A. Massey. Among the members present were Sir Wilson Jamieson and Dr. J. A. Charles of the Ministry of Health, and the guests at the inaugural dinner held in the Hall at Wadham included the Mayor of Oxford (Councillor R. P. Capel), Sir Farquhar Buzzard, and Prof. J. A. Ryle. On July 14 the Mayor gave an official reception for members at the town hall. There was a special demonstration by Mr. H. Cotton of the statistical methods and machines in use at the Institute of Social Medicine, Oxford. Dr. R. H. H. Jolly was elected president of the Group for the coming year, while the secretary is Dr. J. Greenwood Wilson.

Among the addresses given at the conference was one by Prof. J. A. RYLE, on problems and prospects of the Institute of Social Medicine. He emphasized the importance of close association between an academic department such as that under his direction and those more practically concerned with public health. He compared the technique of the specific social medical survey with that of more orthodox clinical studies and stressed the need for social experiments in varying communities. He called attention particularly to the work of the Bureau of Health and Sickness Records set up in Oxford with the financial aid of the Nuffield Provincial Hospitals Trust.

Dr. ROBERT SUTHERLAND, in a paper on the work of the Central Council for Health Education, said its task was to make the community dissatisfied with everything except the best in communal and individual health. This meant not only spreading knowledge but teaching the community how to behave so as to reduce the impact of forces unfavourable to health. Health education was not simply a question of propaganda but a way of living. The Central Council's long-term policy was to influence the individual not only to make the best of his environment but to modify it to his advantage.

Dr. J. GREENWOOD WILSON, discussing post-war housing, said that in this country there was no single co-ordinating influence over the many groups of persons interested in housing problems. There were between forty and fifty study committees of the different Ministries, and the Government's Building Research Station had an honourable record of research into the structural efficiency of building materials. In fact, however, little had been done to publish the results of housing research. It was time to fill some of the gaps in our knowledge of desirable housing arrangements. Exhibitions of the right kind should be a routine part of the national programme of health education, and it was his object to incite the medical officer of health to a new interest in housing and to approach the problem from the point of view of a biologist, studying the effects of housing conditions on the health of humanity. Dr. G. C. WILLIAMS, M.O.H. for Oxford, referring to the application of the new Education Act, said routine school medical inspection had been described as the cornerstone of the school medical service, but the shortage of doctors had shaken it. Intermediate inspections, at any rate, might well be done by the best type of school nurse. On the question of finance he pointed out that if the local education

authority had to accept financial responsibility for every child treated in hospital his city would be involved in an additional rate of 2d. in the pound. In the discussion which followed it was suggested that hospital contributory schemes would, as one result of the new Act, repudiate liability for children's hospital costs, and this would necessitate a financial agreement between health and educational committees.

## LA PRESSE MEDICALE

### A FRANCO-GERMAN INCIDENT

We are already beginning to get a glimpse of what our French colleagues had to suffer during German occupation. One example of what they had to endure is shown in the following note which the Editor of *La Presse Médicale* had to publish in the issue of March 13, 1943, which has just reached us:

*En exécution des mesures de Concentration Industrielle ordonnées par le chef du Groupe-Presses de la Propaganda-Abteilung-Militär-befehlshaber in Frankreich, notre journal doit changer d'Imprimerie. Nous nous excusons auprès de nos abonnés si certains retards se produisent dans l'envoi des numéros.*

Having been forced by the German propaganda department to change the printer, *La Presse Médicale* nine months later had to reduce its issues to two monthly. This was "Conformément aux décisions prises par la Corporation nationale de la Presse française, en accord avec le Chef du Groupe-Presses, Propaganda Abteilung in Frankreich. . . ."

Nine months after this, on the cover of the issue of Nov. 11, 1944, the Editor was able to announce its deliverance from its German press masters in the following message:

*La Presse Médicale reparait après une interruption de près de trois mois; elle désire saluer, dès ce premier numéro, la libération de Paris et celle de la presque totalité de la France.*

*Tous les autres événements pâlissent à côté de cette simple mention et notre journal n'accepterait pas de reprendre sa vie normale sans que soit dite d'abord dans ses colonnes la reconnaissance de tous les fils de France aux rénovateurs de sa liberté.*

*Notre première pensée se dirige vers ceux qui ont donné ou qui donnent encore leur vie à la Patrie, soit au delà des mers, soit sur le sol natal,—vers ceux qui, obscurément, prisonniers, déportés, ou les armes à la main, ont souffert et lutté,—vers ceux des membres du corps médical qui ont, dans une résistance déclarée ou occulte, aidé nos combattants et avec eux risqué ou sacrifié leur existence.*

*Et dans ce jour où, après la libération, la victoire se dessine, nous voulons affirmer notre communion avec eux tous et notre foi dans la patrie.*

As a footnote to this incident in the history of medical journalism we would add one comment: *Vive La Presse Médicale!*

## BEIT MEMORIAL FELLOWSHIPS

The Trustees of the Beit Memorial Fellowships for Medical Research in their annual report for the year 1944-5 record with regret the death of Lord Onslow, who had served as a Trustee since 1928. They also record the great loss that they and the whole of medicine have suffered in the death of Sir Thomas Lewis, F.R.S., who was the first person to be elected a Beit Fellow when the Fellowships were instituted in 1910, and was a member of the Advisory Board at the time of his death. The resignations from the Advisory Board of Sir Henry Dale, P.R.S., and Sir John Ledingham, F.R.S. (who has since died), were accepted with regret, and Dr. C. H. Andrewes, F.R.S., Prof. J. H. Gaddum, F.R.S., and Prof. H. Himsworth, F.R.C.P., have been elected to fill the vacancies. The Trustees note with pleasure the election this year of Dr. H. D. Kay (Fellow 1922-8) and Miss M. Stephenson (Fellow 1914 and 1920-2) to the Fellowship of the Royal Society.

The following elections have been made:

*Fourth-year Fellowship (£500 a year).*—F. W. Landgrebe, D.Sc.: to continue the study of the physiology of melanophore hormone and the nutritional factor responsible for the lethal effect of thiourea in rats; at the Materia Medica Department, Aberdeen.

*Junior Fellowships (£400 a year).*—J. F. A. McManus, M.D. (Canada): to study the topography of lipine distribution in normal and pathological tissues; at the Department of Zoology and Comparative Anatomy, Oxford. O. L. Thomas, M.B., Ch.B., M.P.S. (New Zealand): to study thyroid activity, the pituitary phenomena found experimentally in thyro-activated animals, and the problem of neurosecretion; at the Anatomy Department, Oxford.